

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO, CA 92101-3105 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6698		
IN THE MATTER OF: _____		
CERTIFICATE OF TRUSTEE APPOINTMENT (Probate Code § 15603)		CASE NUMBER _____

To any and all concerned:

The undersigned certifies that _____
[name(s) of trustee(s)]

is/are the duly appointed and acting trustee(s) of the trust(s) created ☐ under the last will of the above-named deceased
☐ by a trust instrument dated _____.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

CLERK OF THE SUPERIOR COURT

Date: _____ Clerk, by _____, Deputy